

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
5/1/2003	Cpl. Schober	x		
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki	x		

Review Date: 07/16/15

M/V Crash: 15-09099

Officer: Sgt. Pekar #206

Squad #511

1.Classification I.

- a.The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- b.The employee was legally parked or standing.
- c.The employee was aware of the impending hazard,was alert to the consequences and skillful in minimizing the effect of the hazard.
- d.In incidents the board resolves to be Classification I,no disciplinary action will be taken.

2.Classification II.

- a.The employee failed to exercise reasonable and due care.
- b.The employee deviated inexcusably from Dept. Rules and Regulations,Procedures and/or General Safety Practices.
procedures and/or general safety practices.
- c.In incidents the board resolves to be Classification II,disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered.Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii)For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii)For a third Classificaton II finding by the board in a 24 month period,a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LIGHT	COLL	MANV	PFA	PPL	
U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2
1	1	2	4	8	1	1	1	5	15	1	1	99	9

P0113 *U130278755*

INVESTIGATING AGENCY NORRIDGE	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input checked="" type="checkbox"/> No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. 20150009099	TRFW 1
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ADDRESS NO. 3600 BLOCK OF OLCOTT	HIGHWAY or STREET NAME WAVELAND	CITY CHICAGO	TOWNSHIP <input type="checkbox"/>	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH mo day yr 07/13/15	TIME 01:43 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	LARS CODE 77500OLC	VEHT U1 15
AT INTERSECTION WITH WAVELAND		COUNTY COOK	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD 2	LARS CODE 03700WAV	U2 15	U3 15

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NOY PEKAR, ANTHONY F JR	DATE OF BIRTH [REDACTED]	MAKE FORD	MODEL EXPLORER	YEAR 15	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 3	FRONT 8 1 2 7 9 3 6 5 4 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	NQ LANS 2
STREET ADDRESS 4020 OLCOTT	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> AIR M 2 4	PLATE NO. MPH756	STATE IL	YEAR 15	VIN 1FM5K8AR2FGA41897							ALGN 1
CITY NORRIDGE	STATE IL	ZIP 60106	INJURY 0	EJECT 1	VEHICLE OWNER (LAST, FIRST M.I.) VILLAGE OF NORRIDGE	INSURANCE CO. FLEET						RSUR 1
TELEPHONE 708 453 4770	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4020 N OLCOTT, NORRIDGE IL 60106	TELEPHONE [REDACTED]	POLICY NO. BGA3055403					VEHU U1 6
TAKEN TO -	EMS AGENCY -											U2 2

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NOY VELAZQUEZ, DANIEL J	DATE OF BIRTH [REDACTED]	MAKE CHEVY	MODEL BLAZER	YEAR 00	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 1	FRONT 8 1 2 7 9 3 6 5 4 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	RDEF 1
STREET ADDRESS [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> AIR M 2 4	PLATE NO. [REDACTED]	STATE IL	YEAR 16	VIN [REDACTED]							BAC 96
CITY CHICAGO	STATE IL	ZIP [REDACTED]	INJURY 0	EJECT 1	VEHICLE OWNER (LAST, FIRST M.I.) SAME	INSURANCE CO. [REDACTED]						U1 96
TELEPHONE 312 [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) SAME	TELEPHONE [REDACTED]	POLICY NO. [REDACTED]					U2 96
TAKEN TO REFUSAL	EMS AGENCY -											# OCCS 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY	(NAME)	(ADDR)	(TEL)	(HOSP)	(EMS)
		11											
		11											
		11											
		11											
		11											

UNITING	(EVNO)	(MOST)	(EVNT)	(LOG)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE WORKERS PRESENT? <input checked="" type="checkbox"/> Y
	1	1	1	1	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 23	20	
	2				ARREST NAME	SECTION CITATION NO.	SECONDARY		
	3				ARREST NAME	SECTION CITATION NO.			
UNITING	1	1	1	1	OFFICER ID. 26	SIGNATURE [Signature]	DATE POLICE NOTIFIED 07/13/15	TIME NOTIFIED 1:43 PM	
	2				BEAT / DIST.	SUPERVISOR ID. [Signature]	COURT DATE	COURT TIME	
	3								

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U130278765

A Diagram and Narrative are required on all Type B crashes,
even if units have been moved prior to the officer's arrival.

INDICATE NORTH
BY ARROW

⑤

O
L
C
O
T

2*

WAVELAND

3
B
O
O
K* NOT DRAWN
TO SCALE

NARRATIVE (Refer to vehicle by Unit No.)

ON 07/13/15 AT APPROX 0143 HRS DRIVER OF UNIT #1 WAS S/B CLIMATE
APPROACHING THE INTERSECTION OF WAVELAND AVE. DRIVER OF UNIT #2
WAS E/B WAVELAND CROSSING OLCOTT. THE INTERSECTION IS
CONTROLLED BY ONE STOP SIGN ON THE N/W CORNER OF OLCOTT/
WAVELAND. THE FRONT END OF UNIT #2 STRUCK THE PASSENGER
REAR DOOR AND 1/4 PANEL OF UNIT #1 CAUSING DAMAGE.
REFERENCE CHICAGO POLICE INCIDENT # 1519401213. NO INJURIES
NO TOW.

LOCAL USE ONLY

U1 Color

BLACK

U2 Color

BLUE

U1 Dimensions

U2 Dimensions

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard

s no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N
MCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

IDOT PERMIT NO. WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐☐☐TRAILER 2 ☐☐☐

TRAILER LENGTH(S): 1 _____ ft

TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft

NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE

LOAD TYPE



NORRIDGE POLICE DEPARTMENT



Employee Warning Notice

Name: Anthony Pekar Star #: 206 Date: July 27, 2015

TYPE OF VIOLATION

Attendance	Carelessness	Insubordination	Late Arrival/Early Quit
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment	Personal Business While on Duty
Unsatisfactory Work Performance	Violations of Policy/Procedure	x Motor Vehicle Crash	Missing a Court Date

Date of Violation: July 13, 2015 Time of Violation: 0143hrs

DESCRIPTION OF VIOLATION:

Officer involved in a "Preventable Property Damage Car Crash" as determined by the Accident Review Board. Accident Review Board classified the crash as a 2a, in that the officer failed to exercise reasonable care. (15-09099) No prior accidents within the last 24 months of this violation.

OFFICER'S STATEMENT:

X I agree with the above description I disagree with the above description

My reason is: _____

[Signature]
Officer's Signature

206
Star #

7/27/15
Date

ACTION TAKEN	DATE	SUPERVISOR NAME & STAR
Verbal Warning		
X Written Warning	<u>7/27/15</u>	<u>[Signature]</u>
Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN:

Per departmental policy, a second preventable accident within 24 months of the date of this violaton, will result in a two day suspension and attendance in a remedial Defensive driving Course.

I have read and understand this warning;

[Signature]
Officer's Signature / Star#

7/27/15
Date

Supervisor Issuing Warning:

[Signature]
Supervisor's Signature / Star #

7/27/15
Date